Inter-professional identities and cultures in Education, Health and Social Care: implications for higher education research and practice

Conference or Workshop Item

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Paper's Key Focal Points

Health and Social Care

Whilst work role boundaries in Health have always been dynamic, exhortations towards 'new' *inter*-professional roles and cultures are more recent, and, notably global as well as European (EIPEN, 2012), national, and profession specific (SCIE, 2012). The scale of value-added claims is immense. Globally, the World Health Organisation (WHO, 2010) argues for 'inter-professional collaboration in education and practice as an innovative strategy…in mitigating the global health work force crisis' (p. 7). Inter-professional collaboration is advocated as key to a global solution to increasingly complex health problems, creating a 'new' kind of health worker, described as 'collaborative-practice ready' (p. 9). By means of IPE, it is argued, fragmented systems will be transformed to provide optimal services, and improve user outcomes. As a determined call to action its intentions are to encourage national policy makers to 'commit' to IPE, and to 'champion' its benefits to health workers and educators, not least in Higher Education, who will become inter-professional advocates.

Critical structural analysis is barely discernible, for example, about the impact of 'new' workers in health care, as a result of technologies and education, or new ways to buy, organise and control the workforce. Yet, neo-liberal forms of management have led to a redistribution of resources (Exworthy et al., 2003) with unskilled workers (Nancarrow & Borthwick, 2005) 'taking on tasks previously only performed by professionals' (p. 898). Also absent from the WHO Framework, for example, is any deep consideration of professional or national cultures (contextualisation is the nearest the document comes to recognising diverse cultures, with small case examples reflecting different countries), or of how, why and to which effect, health workers might identify themselves as 'collaborative-practice ready'. Of deeper significance, perhaps, is lack of reference to the structures upon which educational, economic, social, and health inequality rest. Viewing the WHO document from the lens of Bourdieu (1998), for example, the 'field' of health promotes IPE for collaborative professional practice (CPP) as a set of beliefs, or *theodicies*, which comprise a logic of and for practice. The social agents, both authors and proponents of IPE, notably in Higher Education, understand how to behave in the 'field'. This is represented in their writing, and is supported by reference to repeated *doxa* about IPE, explained as part of the logic of practice that prioritises co-ordination between systems, and better health for service users.

There is little reference to some of the problems that orientations towards inter-professionalism create. In the UK, Carpenter et al. (2003) refer to the tensions that arise when professionals mediate their identities as professionals, increasingly as members of 'integrated service teams'. Adams (2005) notes how the validity of professional judgement begins to rest less on specialist expertise but more upon health professionals' capacity to reach potential agreement with others. He refers to emerging contradictions, ambivalences, and anxieties generated when professional practice is seen in multiple or, as he refers, binary terms, such as: business tasks of managers/clinical tasks of practitioners; medical models /social models of care; identifying with 'institutions'/ as 'communities'. Inter-professionalism may overcome important sets of health-related problems whilst creating others, not least for workers in terms of loss of autonomy or 'self-definition' (Foster & Roberts, 1998). Moreover, with structural issues largely sidestepped, ensuing problems can create someone or something to blame when health issues persist – caused, then, it is claimed, by intransigent or inadequate professionals who will or cannot work together, poor quality IPE, or deficit students.

Education

In Education, multi-agency working has partially adopted as the most appropriate way to provide wrap-around services for children and young people, especially since the publication of *Every Child Matters* (ECM) (DfES, 2003). Yet, as the ECM impetus slips from the front-line of the UK Government's interests, advocacy for collaboration between stakeholders persists. Early sociological critiques of professionalism as 'elitism' (Whitty, 2006) might be applied equally to inter-professional ways of working, in particular limited perspectives among inter-professional stakeholders in Education, who still comprise mainly 'managerial' (p. 14) rather than 'extended ' professionals. And, as in Health and Social Care, research suggests that IPE in Education might also be problematic, not least when professionals experience a variety of complex new roles and identities in multi-service settings (Robinson, Anning, & Frost, 2005).

All the above points introduced in this section are further developed in this paper through critical comparative analysis by examining and summarising the extant literature, drawing on appropriate theoretical frameworks.

Conclusions

To argue against the merits of good team work and collaborative relations with fellow professionals in the health, education and social care of service users and those who train them within and beyond Higher Education would seem both foolish and ill-advised, not least against the backdrop of recent tragic child abuse cases and serious concerns about shortcomings among those who would protect and safeguard children (reference removed for blind peer review). Not to interrogate the complexities, tensions and implications of IPE, notably those spearheaded via Higher Education, would seem to us to be equally short-sighted. Throughout this paper, we argue that in order to explore inter-professionalism, it is necessary to investigate not only the broader structural conditions in which the impetus is both occurring and thwarted, but also the historical, social and cultural narratives within which professional and inter-professional identities and cultures are being formed and re-formed by individuals and groups. Macro-analysis of the structural consistencies and inconsistencies are often nested in normative exhortation, and replete with exclusions, not least those referring to many characteristics of individual and group differences. Many facets of workforce change, of cultural formation and re-formation, and of the push and pull factors that encourage Higher Education to follow rather than question rhetorical convictions about IPE appear to be missing from the literature. This paper, based upon comparative literary engagement across services is a first step. In times of rapidly undermining trust in public services, confusion about Higher Education's role in the creation and application of knowledge, and repeated government attempts to transform professional training, such research engagement is urgent.

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